

BASIC GUEDELINFS

FOR DIABETES CARE

Discuss these issues with your diabetes
care provider and use this card to record your
results.

Remember: Take charge of your diabetes!

Review blood
glucose records
(every visit) I)ate:
Target (pre-meals):

Blood Pressure Date:

--- - Asit4 - - - - -Target:-

Value: I
Weight Date: I
(every visit)
Target:- Value: I

Foot Exam
CZ

(every visit)
monofilament annually) Date:

HbA1c
blood test to measure past
3 mos. blood glucose
level
(every 3 months)
Target: Value:

Microalbuminuria

Urine/KidneyTest Date: (eve
year) -

Dilated Eye @-xam
(every year) Date:

Uentai Exam
(twice/year) Date:

Blood tests to measure "fats"
important to heart disease

Cholesterol Date:
(every year)
Target: Value:

TriglycerideS Date:
(every year) -
Target:... Value:

NDL i)ate:
(every year)
Target: Value:

LDL Date:
(every year)
Target:- Value:

Flu Shots Date:
(every year)

Pneumonia Vaccinel
(at least once/ask Dr.) I

Other:-